

RESPONSE TO PETITION FOR CHANGE OF PHYSICIAN

Employer Name and Address:	Surety Name and Address:
Telephone Number:	Telephone Number:
Employee Name and Address:	Additional Documentation to Support Decision (circle one): No Yes

Response to petition (circle one): Approved Denied

Reasons for Denial:

Hearing Dates/Times Availability Next 14 Days:

Date: _____ Signature: _____
Title: _____

Original to Idaho Industrial Commission, 317 Main St., PO Box 83720, Boise, ID 83720-0041, or faxed to the Commission at 208-332-7558.

Copy to Employee.

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____,
20____, I caused to be served the Original Response to Petition
for Change of Physician upon:

Idaho Industrial Commission
317 Main Street
Post Office Box 83720
Boise, Idaho 83720-0041

via: () Personal Service of Process

 () Regular U. S. Mail

 () Faxed to 208-332-7558

I also hereby certify that on the _____ day of _____,
20____, I caused to be served a true and correct copy of the
foregoing Response to Petition for Change of Physician upon:

CLAIMANT'S NAME AND ADDRESS

via: () Personal Service of Process

 () Regular U. S. Mail

Signature